

PTO FAX NO.: (703) 872-9306

Atty Docket No. 014801-000400US

ATTENTION: Examiner Paula W. Klimach

Group Art Unit 2135

TELEPHONE NO.:

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EXAMINER Paula W. Klimach

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I hereby certify that the following document(s) in re Application of Kevin J. Page, et al., Application No. 09/360,068, filed July 23, 1999 for METHOD AND APPARATUS FOR ESTABLISHING A SECURE SMART CARD COMMUNICATION LINK THROUGH A COMMUNICATION NETWORK is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form;
2. Fee Transmittal (in duplicate);
3. Petition for Extension of Time (in duplicate); and,
4. Response to Office Action.

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Dated: September 15, 2004


Jeanette M. Olivera

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60310101 v1

PTO/SB/21 (04-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/360,068
	Filing Date	July 23, 1999
	First Named Inventor	Page, Kevin J.
	Art Unit	2135
	Examiner Name	Paula W. Klimach
Total Number of Pages in This Submission	Attorney Docket Number	014801-000400US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP	
	Thomas E. Coverstone	Reg. No. 36,492
Signature	<i>Thomas E. Coverstone</i>	
Date	September 15, 2004	

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I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-8306 on September <u>15</u> , 2004.		
Typed or printed name	Jeanette M. Olivera	
Signature	<i>Jeanette M. Olivera</i>	Date: Sept. 15, 2004

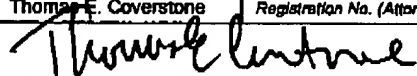
60309486 v1

PTO/SB/17 (10-03)

FEE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 09/360,068	
		Filing Date July 23, 1999	
		First Named Inventor Page, Kevin J.	
		Examiner Name Paula W. Klimach	
		Art Unit 2135	
TOTAL AMOUNT OF PAYMENT (\$) 950		Attorney Docket No. 014801-000400US	

METHOD OF PAYMENT (check all that apply)																																																							
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Thomas E. Coverstone	Registration No. (Attorney/Agent)	36,482
Signature		Telephone	858-350-8100
		Date	September 15, 2004

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